VILLA LORETTO NURSING HOME N 8114 CALVARY STREET

MT. CALVARY Phone: (920) 753-3211 Ownershi p: Nonprofit Church/Corporation 53057 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with CBRF? Operate in Conjunction with Hospital? No Number of Beds Set Up and Staffed (12/31/01): **52** Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/01): 52 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: Average Daily Census: **52** 51 *********************** **************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01)	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	19. 6
Supp. Home Care-Personal Care	No					1 - 4 Years	60. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	2. 0	Under 65	3. 9	More Than 4 Years	19. 6
Day Services	No	Mental Illness (Org. /Psy)	56. 9	65 - 74	9.8		
Respite Care	No	Mental Illness (Other)	2.0	75 - 84	29. 4		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	43. 1	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	13. 7	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	2. 0	ĺ		Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	2. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	9.8	65 & 0ver	96. 1		
Transportation	No	Cerebrovascul ar	3. 9	'		RNs	13. 1
Referral Service	No	Di abetes	2. 0	Sex	%	LPNs	2. 5
Other Services	No	Respi ratory	3. 9			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	15. 7	Male	23. 5	Aides, & Orderlies	42. 9
Mentally Ill	No			Female	76. 5		
Provi de Day Programming for		İ	100.0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	0	0.0	0	35	94. 6	105	0	0.0	0	12	85. 7	145	0	0.0	0	0	0.0	0	47	92. 2
Intermedi ate				1	2. 7	86	0	0.0	0	2	14. 3	140	0	0.0	0	0	0.0	0	3	5. 9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				1	2. 7	158	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		37	100.0		0	0.0		14	100.0		0	0.0		0	0.0		51	100.0

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti on	s, Service	s, and Activities as of $12/3$	31/01
Deaths During Reporting Period				0/ N	eedi ng		Total
Percent Admissions from:		Activities of	%		tance of	% Totally N	lumber of
Private Home/No Home Health	20. 0	Daily Living (ADL)	Independent		Two Staff		lesi dents
Private Home/With Home Health	6. 7	Bathi ng	5. 9		62. 7	31. 4	51
Other Nursing Homes	26. 7	Dressing	11.8		62. 7	25. 5	51
Acute Care Hospitals	40. 0	Transferring	29. 4		54. 9	15. 7	51
Psych. Hosp MR/DD Facilities	0.0	Toilet Use	27. 5		52. 9	19. 6	51
Rehabilitation Hospitals	0.0	Eating	41. 2	****	41. 2	17. 6	51
Other Locations Total Number of Admissions	6. 7 15	Continence	*****	% S	pecial Trea		%
Percent Discharges To:	13	Indwelling Or Externa	ol Cathotor	3.9		Respiratory Care	7. 8
Private Home/No Home Health	6. 3	0cc/Freq. Incontinent		66. 7		Tracheostomy Care	0.0
Private Home/With Home Health	0. 0	0cc/Freq. Incontinent		43. 1		Suctioning	0. 0
Other Nursing Homes	0.0	i •			Recei vi ng	Ostomy Care	3. 9
Acute Care Hospitals	25. 0	Mobility				Tube Feeding	2. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	15. 7	Recei vi ng	Mechanically Altered Diets	25. 5
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care				ent Characteristics	04.9
Deaths Total Number of Discharges	68. 8	With Pressure Sores With Rashes		7. 8 19. 6 M	наve Adva edications	nce Directives	84. 3
(Including Deaths)	16	with mastles		13. U N		Psychoactive Drugs	66. 7
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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	Ownershi p: Thi s Nonprofi t		ershi p:	Bed	Si ze:	Li c	ensure:		
			profit	50	- 99	Ski	lled	Al	1
	Facility	Facility Peer Group		Peer	Group	Peer	Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	100. 0	92. 7	1. 08	86. 4	1. 16	85. 8	1. 17	84. 6	1. 18
Current Residents from In-County	66. 7	74. 5	0. 90	69. 6	0. 96	69. 4	0. 96	77. 0	0. 87
Admissions from In-County, Still Residing	26. 7	27.9	0. 96	19. 9	1. 34	23. 1	1. 15	20. 8	1. 28
Admi ssi ons/Average Daily Census	28. 8	95. 2	0. 30	133. 4	0. 22	105. 6	0. 27	128. 9	0. 22
Discharges/Average Daily Census	30. 8	95. 2	0. 32	132. 0	0. 23	105. 9	0. 29	130. 0	0. 24
Discharges To Private Residence/Average Daily Census	1. 9	31.4	0.06	49. 7	0. 04	38. 5	0.05	52. 8	0.04
Residents Receiving Skilled Care	92. 2	91.4	1.01	90. 0	1. 02	89. 9	1. 02	85. 3	1.08
Residents Aged 65 and Older	96. 1	97. 3	0. 99	94. 7	1. 02	93. 3	1.03	87. 5	1. 10
Title 19 (Medicaid) Funded Residents	72. 5	64. 2	1. 13	68. 8	1. 05	69. 9	1.04	68. 7	1.06
Private Pay Funded Residents	27. 5	29.6	0. 93	23. 6	1. 16	22. 2	1. 24	22. 0	1. 25
Developmentally Disabled Residents	2. 0	0. 7	2.84	1.0	1.89	0.8	2.61	7. 6	0. 26
Mentally Ill Residents	58. 8	36.0	1.63	36. 3	1.62	38. 5	1.53	33. 8	1. 74
General Medical Service Residents	15. 7	21.3	0.74	21. 1	0. 74	21. 2	0.74	19. 4	0. 81
Impaired ADL (Mean)	49. 8	49.0	1.02	47. 1	1.06	46. 4	1.07	49. 3	1. 01
Psychological Problems	66. 7	50. 2	1. 33	49. 5	1. 35	52.6	1. 27	51. 9	1. 28
Nursing Care Required (Mean)	8. 3	7. 5	1. 11	6. 7	1. 24	7.4	1. 12	7. 3	1. 14